

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

MOTION FOR CONSOLIDATION

CASE NO.

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

v

Plaintiff's attorney, bar no., address, and telephone no.

Defendant's attorney, bar no., address, and telephone no.

MOTION

Pursuant to MCR 2.505(A), the following actions pending before this court involve a substantial and controlling common question of law or fact.

Case NumberCase NameAssigned Judge

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I REQUEST that the court consolidate these actions.

Date _____

Signature _____

Name (type or print) _____

NOTICE OF HEARING

A hearing is scheduled on this matter on _____ at _____
Date Time

at _____ before Hon. _____
Location Bar no.

Date _____

Signature _____

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion and notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

Date _____

Signature _____